



Student Code

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Student's Name

Use full legal names, and then preferred names (but only if different).

Surname _____

First Name _____

Middle Name _____

Preferred First _____

Preferred Surname _____

Personal

Date of Birth (dd/mm/yy) _____

Gender male female

Intended Start Date _____

Intended Year Level _____

Specify any siblings (including half or step) who attend, will attend or have attended this school:

Dietary Requirements YES / NO

Primary Contact

Only use 'Restricted Access' and 'Custody' where custody is an issue.

Surname _____

First Name _____

Relationship to student _____

Salutation _____ Occupation: _____

Home Phone _____

Work Phone _____

Mobile Phone _____

Email Address _____

Bill Payer Restricted Access Custody

Physical Address _____

This is the student's place of residence

Document Check

Please include copies of the following document

Verification of Identity

NSN _____

Home Class _____ Funding Year Level _____

Emergency Contact

Surname _____

First Name _____

Relationship to student _____

Home Phone _____

Work Phone _____

Mobile Phone _____

Email Address _____

Physical Address _____

Civil Defence Contact

Surname _____

First Name _____

Relationship to student _____

Home Phone _____

Work Phone _____

Mobile Phone _____

Email Address _____

Physical Address _____

Medical Contacts

Doctor _____

Medical Centre _____

Phone _____

Ethnicity

Ethnicity: 1 _____

2 _____

3 _____

If Māori, Iwi: 1 _____

2 _____

3 _____

Schooling

'Preschool' is only relevant if your child is entering this school at year 1.
If your child was last at a non-NZ school put 'overseas school'.
'First schooling date' is the date your child first attended primary school.

Preschool:

How many years? _____ Hours per week _____

- Attended Early CE but type unknown
- Attended Kindergarten, Play centre, Education & Care or Home based Service (includes by correspondence)
- Attended Kohanga Reo
- Attended Playgroup or Pacific Islands EC group
- Did not attend any type of early childhood centre

Name of previous NZ school / preschool attended:

First schooling date (dd/mm/yy) _____

Health and Disability

Please attach relevant documentation. Please note if the condition is critical.
Allergies / Conditions /Treatment

Immunisation: Fully Partly Not

Please attach a certificate.

Disability: Yes No

Details _____

Special Needs: Yes No

ORRS Level: Very High High Non-ORRS

Details _____

Languages (other than English)

Māori Language hrs per week Office use only

Spoken Languages 1 _____

2 _____

3 _____

Learning Language _____

Citizenship

For 'Citizenship' name the country/countries your child is a citizen of.
For 'Verification Document' please attach a copy (e.g. passport, birth certificate) if necessary. 'Serial Number' refers to the reference number on the Verification Document.

Citizenship _____

Verification

Eligibility: NZ Citizen NZ Resident

Other _____

Verification Document _____

Serial Number _____

Exchange Scheme _____

Date in NZ (dd/mm/yy) _____

Expiry Date (dd/mm/yy) _____

Pastoral Notes

Please include any other information you'd like to share about your child, or any of the contacts.

Consents - Please check the consents that you agree with for your child.

- Sudden Injury/ Illness - I give permission for the Principal/School to act on my behalf in any medical emergency.
- Panadol - I give permission for the school to administer Panadol to my child without needing to contact me first.

Publication of Student Works and Photos

- I give permission for the school to publish my child's original work on the school website, class wikis, blogs or other media such as newspapers.
- I give permission for the school to publish any photos of my child on the school website, class wikis, blogs or other media such as newspapers.

Other

- Internet - I give permission for my child to have supervised access to the internet while at school.
- Outdoor Education - I give permission for my child to partake in Outdoor Education provided by the school.
- Class List - I give permission for my child's name, phone, physical address, the name of my child's primary contact and other contact details to be recorded in a class list.
- Future Schools - I give permission for my child's name and contact details to be forwarded to potential schools.

Declaration

I certify that the information enclosed in this enrolment form is true. I agree to be bound by all school policies. The school agrees to take great care in keeping the information contained in this document private, except where legally required, or expressly allowed.

Name:.....

Signature:.....